

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1	1					
3		1	1					
4		3	1					
5		④		1				
6	1							
7			1					
8			1					
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TOTAL IND.	2		6					
TOTAL DEP.	6		10					
TOTAL CLAIMS	8		16					
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